

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number	09/882,119
Filing Date	June 15, 2001
First Named Inventor	Rajan
Art Unit	2681
Examiner Name	Joshua A. Kading

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JUN 07 2005

Attorney Docket Number Rajan 4-25 (LCNT/123987)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks
It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	6/7/05	Reg. No.	39,414

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	C. Wilson		
	Date	6/7/05	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FORM**

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Total Number of Pages in This Submission

Application Number	09/882,119
Filing Date	June 15, 2001
First Named Inventor	Rajan
Art Unit	2661
Examiner Name	Joshua A. Kading

Attorney Docket Number Rajan 4-25 (LCNT/123987)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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Firm Moser, Patterson & Sheridan, LLP

Signature 

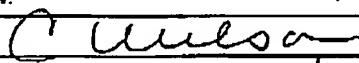
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Date 6/7/05

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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE
PATENT APPLICATION

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JUN 07 2005

Applicant(s): **Govinda Nallappa Rajan et al.**
Case: **Rajan 4-25 (LCNT/123987)** Confirmation #: **8642**
Serial No.: **09/882,119** Filed: **June 15, 2001**
Group Art Unit: **2661**
Examiner: **Kading, Joshua A.**
Title: **TECHNIQUE FOR SELECTING THE NUMBER OF PACKETS TO BE
CONCATENATED**

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6-7-05	C. W. Leon
Date	

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Alexandria, VA 22313-1450

SIR:

RESPONSE UNDER 37 C.F.R. §1.111

In response to the Office Action mailed March 8, 2005, please consider the above-identified application as follows.

The Commissioner is authorized to charge any fees due, including extension of time and excess claim fees, to counsel's Deposit Account No. 20-0782/LCNT/123987.